



Kentucky Department of Insurance Agent Licensing Division

2009 CE Provider Training

<http://Insurance.ky.gov>

June 24, 2009
12:30 pm – 2:30 pm



Kentucky Department of Insurance Agent Licensing Division

**Treva W. Donnell
Director**



Kentucky Department of Insurance

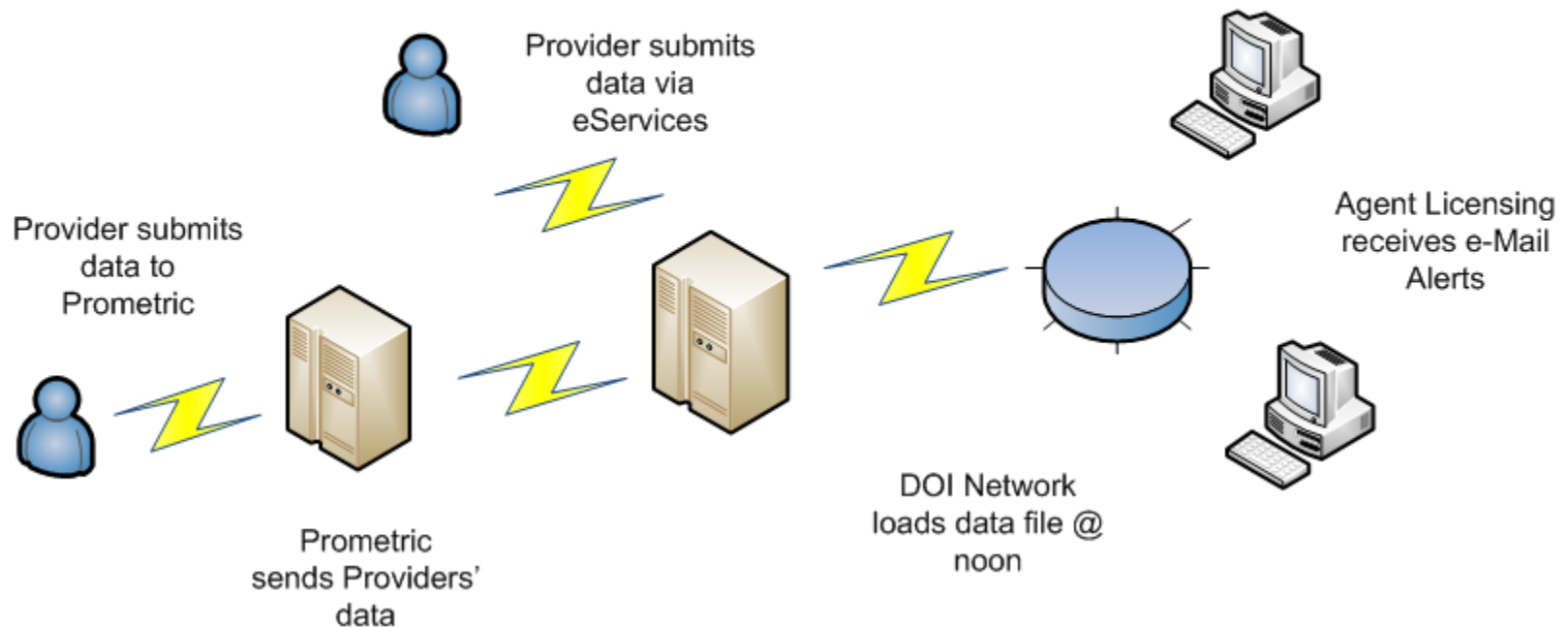
**Judy Kail
Information Technology Manager**

eServices – CE Provider Overview

KY Department of Insurance
June 24, 2009

eServices – CE Provider Overview

Provider – KY DOI Processes



eServices – CE Provider Overview

KYDepartment of Insurance

An agency within the Public Protection Cabinet

eServices
Click here

Location: 215 W. Main St. Frankfort, Kentucky 40601 [Mailing Address Information] [Directions] (800) 595-6053 | TTY (800) 462-2081 | (502) 564-3630

Site: <http://doi.ppr.ky.gov/kentucky/> or insurance.ky.gov

eServices Portal:

<https://insurance.ky.gov/kentucky/secured/Eservices/default.aspx>

**AGENT
LICENSING**

- Licensee Procedures, Forms and Information
- Agent/Agency Search
- eServices - Online Services / Information (Password Required)
- Insurance Licensee Page
- CE & Pre-licensing Providers, Courses, and Failure to Comply with CE

eServices – CE Provider Overview



eServices – Provider accounts are created via:
DOI IS Help Desk Request (DOI.ISHelpDesk@ky.gov) or via DOI IS
batch process

As of today, June 24, 2009, we have 303 active providers all of which
have one or more eServices accounts. We have a total of 634
eServices accounts.

eServices – CE Provider Overview

June 19, 2009

KYDepartment of Insurance

eServices | Provider Information | Main Menu | Update your account | Change your password | Logout

Provider Information

[▶ Your Provider Profile](#)

eServices


- ▶ Continuing Education / Pre-licensing Instructor Renewal
- ▶ Continuing Education / Pre-licensing Course Renewal
- ▶ Continuing Education Attendance Roster
- ▶ Course and Instructor Pending Fees
- ▶ Order Laws & Regulations Book (2008 Edition)
- ▶ Pre-Licensing Course Roster / Completion Roster
- ▶ View Transaction History

For Assistance Call 1-800-595-6053 X 4212

[Return to the Main Menu](#) | [Update your account](#) | [Change your password](#) | [eServices Survey](#) | [Logout](#)

eServices – CE Provider Overview

Screen snapshots can be found on the following pages:

- ▶ Your Provider Profile ... 13 – 16
 - ▶ Continuing Education / Pre-licensing Instructor Renewal ... 4
 - ▶ Continuing Education / Pre-licensing Course Renewal ... 5
 - ▶ Continuing Education Attendance Roster ... 6
 - ▶ Course and Instructor Pending Fees ... 7
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 - ▶ Web sites / e-mail addresses ... 15
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eServices – CE Provider Overview

Continuing Education / Pre-Licensing Instructor Renewals

Provider Details

Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

Renew Vendor Instructor ID	Name	SSN	Expiration Date	LOA	Renewal Fee
<input type="checkbox"/> Renew All					
<input type="checkbox"/> I20890	Aigner, Carol W.	<input type="text"/>	07/01/2006	Casualty, Ethics, General Insurance Principles, Health, Life, Life and Health, Life, Health, Property & Casualty, Property, Property and Casualty	5
<input type="checkbox"/> I10356	Anderson, William Alan	<input type="text"/>	07/01/2006	Casualty, Ethics, General Insurance Principles, Property, Property and Casualty	5
<input type="checkbox"/> I20653	Bunbury, John Christopher	<input type="text"/>	07/01/2006	Casualty, Ethics, General Insurance Principles, Property, Property and Casualty	5

* Renewal Fee is \$5.00 per C.E. instructor.

* Expired instructors will not be authorized to conduct or teach continuing education courses on or after 7-1-2004. Additionally, the Provider must maintain an active instructor authorized to teach any classroom course with the relevant lines of authority.

ATTESTATION

I hereby certify that, under penalty of perjury, that the Instructors are qualified, through training or experience, to instruct the continuing education course competently. I am aware that submitting false information or omitting pertinent or material information in connection with the renewal of these Instructors is grounds to withdraw approval of the Provider, Courses and Instructors in the State of Kentucky, and may subject me to civil or criminal penalties.

☐ I agree


[Submit Instructor Renewal](#)

eServices – CE Provider Overview

Continuing Education / Pre-Licensing Instructor Renewals – Instructions

1. Check the box under the 'Renew' column associated with the instructor you wish to renew

OR

Check the 'Renew All' box if you wish to renew all the instructors
 2. Check the 'I agree' box within the Attestation section
 3. Click the 'Submit Instructor Renewal' button, which transfers you to an **Order Information** screen (proceed to this screen for instructions)
- 

eServices – CE Provider Overview

Continuing Education Course Renewals

Provider Details				
Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

Renew	Vendor Course ID	Name	KY Course ID	Expiration Date	Method Type	Course Concentration	Credit Hours	Renewal Fee
<input type="checkbox"/>	Renew All							
<input type="checkbox"/>	C42846	20 Most Misunderstood Coverages	254	07/01/2006	Classroom	Property and Casualty	6	30
<input type="checkbox"/>	C39747	Account And Professional Development	247	07/01/2006	Classroom	General Insurance Principles	4	20
<input type="checkbox"/>	C52812	Auto Endorsements & Umbrella Insurance	276	07/01/2006	Classroom	Property and Casualty	4	20

* Renewal Fee is \$5.00 per credit hour. Minimum course renewal fee: \$10.00 per course. (1 hr. course = \$10.00, 2 hr. course = \$10.00).

* You will not be authorized to conduct or offer expired continuing education courses on or after 7-1-2004. Additionally, if all courses are expired on 7-1-2004, the Provider will have 30-days to submit a new course to maintain an Active PROVIDER status.

ATTESTATION

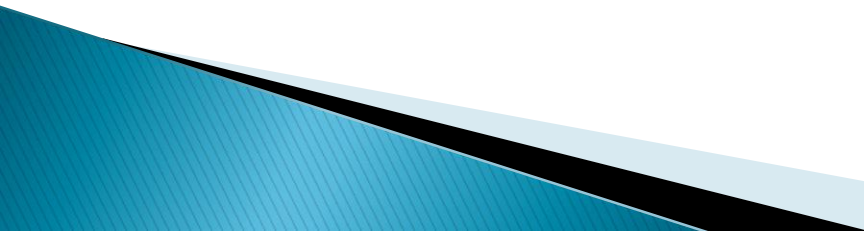
I hereby certify that, under penalty of perjury, all of the Courses listed above have no material changes to the curriculum as previously approved and submitted to The Kentucky Office Of Insurance. I further attest that these Course (s) have substantial intellectual or practical content to enhance, and improve the knowledge and professional competence of participants. I am aware that submitting false information or omitting pertinent or material information in connection with the renewal of these Courses is grounds to withdraw approval of the Provider, Courses and Instructors in the State of Kentucky, and may subject me to civil or criminal penalties.

☐ I agree

[Submit Course Renewal](#)

eServices – CE Provider Overview

Continuing Education / Pre-Licensing Course Renewals – Instructions

1. Check the box under the 'Renew' column associated with the course you wish to renew
OR
Check the 'Renew All' box if you wish to renew all the courses
 2. Check the 'I agree' box within the Attestation section
 3. Click the 'Submit Course Renewal' button, which transfers you to an **Order Information** screen (proceed to this screen for instructions)
- 

Continuing Education Attendance Roster

Provider Details

Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

Select CE Course Number/Title:

Select OR

Course Completion Date

(MM/DD/YYYY)

Address Line1

Address Line2

City

State Zip

Enter the Social Security Number (SSN) or DOI ID of the individuals who attended:

SSN (Numbers Only) OR DOI ID

Remove	SSN	Individual	DOI ID	Address	Course ID/Title	Instructor	Method Type	Course Completion Date
<input type="checkbox"/>	111-11-1111	Doe Jr., John	542723	Boyle Co High School, Perryville Rd Danville KY 40422	240 - Ethics - Utmost Good Faith Credit Hours - 3 (Ethics)	Edwards, James W	Classroom	12/20/2005
<input type="checkbox"/>		Roggenkamp, Ann Marie	584913	Boyle Co High School, Perryville Rd Danville KY 40422	240 - Ethics - Utmost Good Faith Credit Hours - 3 (Ethics)	Edwards, James W	Classroom	12/20/2005
<input type="button" value="Delete"/>								

Attestation

I hereby certify that this course was conducted as approved by the Kentucky Department of Insurance. I further certify that the person(s) whose name(s) appear did personally complete this course on the date so indicated. I acknowledge that fraudulent certification of this information may result in administrative action including civil penalty and/or immediate withdrawal of the approval of the provider, and simultaneous withdrawal of all approved courses (KRS 304.9-295 and 806 KAR 9:220).

DIRECTIONS: In accordance with KRS 304.9-295(10), the Provider must submit Attendees who complete the course (s) on (form CE-300 and CE-301) for classroom or correspondence courses within 30 days of completion. The Course Provider must **MAINTAIN ORIGINAL (form CE-300 and CE-301)** in its file for a minimum of **five (5) years**. The course instructor, an authorized representative of the Provider, and attendees must sign the form upon completion of any course to receive credit. The Department of Insurance will conduct random onsite audits as well as summons records to verify compliance with the Kentucky Revised Statutes relative continuing education. Please visit our Web site at <http://Insurance.ky.gov> after submitting information to confirm that each licensee has received credit.

☐ I agree

Continuing Education Attendance Roster - Instructions

1. Select CE Course Number or Title from the drop down list
2. Select Instructor from the drop down list
3. Enter the Course Completion Date (NOTE: No future date allowed)
4. Enter the Address, City and Zip and select the State from the drop down list NOTE: If the class is self study enter your organization's address
5. Enter the SSN or DOI_ID or NAIC NPN of the individuals who attended the class (Format – Numbers only)
6. Click the 'Add' button NOTE: Once a record gets Added, you have the ability to remove it by checking the box under the 'Remove' column associated with the record and clicking the 'Delete' button
7. Once you have completed your entry of Continuing Education Attendance Roster records for the Course Number/Title selected, check the 'I agree' box within the Attestation section
8. Click the 'Submit' button, which transfers you to an **Order Information** screen (proceed to this screen for instructions)

NOTE: The Pre-licensing Course Roster would have similar instructions

eServices – CE Provider Overview

Course and Instructor Pending Fees

Provider Details				
Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

Course Pending Fee						
Course Name	Course ID	Status	Filing Fee	Approval Fee	Credit Hrs	Status Details
Financial Planning (Continuing Education)	C60724	Pending	<input type="checkbox"/> \$ 10.00		18	Pending - No Initial Filing Fee Paid

Instructor Pending Fee				
Name	SSN	Status	Filing Fee	Status Details
David Arthur Littell (Continuing Education)	<input type="text"/>	Pending	<input type="checkbox"/> \$ 5.00	Pending - Administrative review, No Initial Filing Fee Paid

ATTESTATION

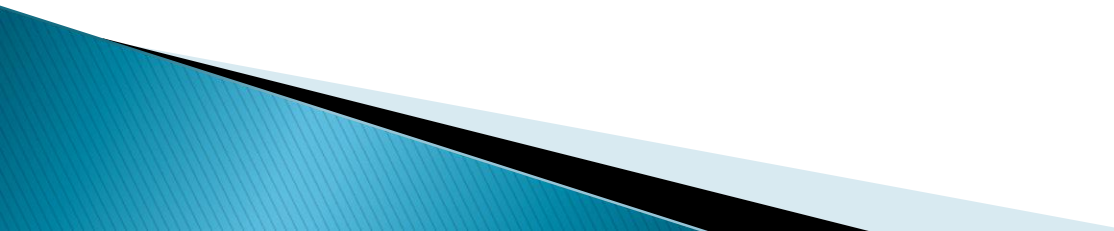
I certify that I am an authorized representative of the approved Provider to complete this transaction. I have notified both the licensee and the Executive Director, at least thirty (30) days after completion of an approved course, with the provider number, course number, and instructor number included on this form. Notice to the Executive Director shall be deemed to have been given on the date the Office receives completed form and fees. I am hereby authorized and certify that, under penalty of perjury, all of the information submitted in this form is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form may subject me to civil or criminal penalties.

☐ I agree

[Submit](#)

eServices – CE Provider Overview

Course and Instructor Pending Fees - Instructions

1. Check the box under the 'Filing Fee' column associated with the course or instructor you wish to pay
 2. Check the 'I agree' box within the Attestation section
 3. Click the 'Submit' button, which transfers you to an **Order Information** screen (proceed to this screen for instructions)
- 

eServices – CE Provider Overview

Order the Laws and Regulations Book

Provider Details

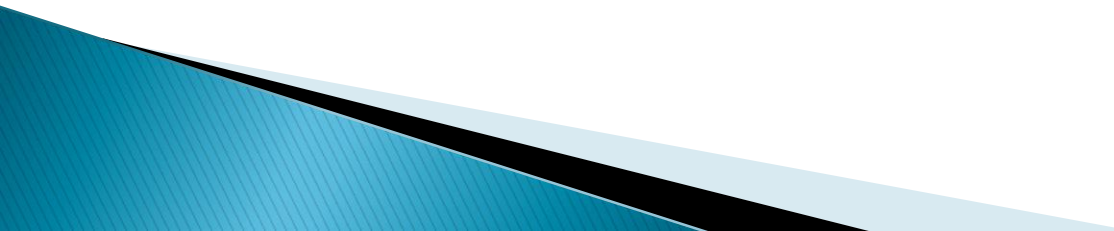
Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

Quantity	Description	Price
<input type="text" value="1"/>	Laws and Regulations Book	\$36.50

[Submit Request](#)

eServices – CE Provider Overview

Order Laws & Regulations Book - Instructions

1. Enter the 'Quantity' of the books you wish to order
 2. Click the 'Submit Request' button, which transfers you to an **Order Information** screen (proceed to this screen for instructions)
- 

eServices – CE Provider Overview

Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Forms Completed by User: [PROV0001]

Remove	Description	Fee(s)
<input type="checkbox"/>	Insurance Laws & Regulations	\$36.50
Total Amount Due		\$36.50

Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0. If the total amount due is more than \$1500.00, you can only checkout via Debit (ACH) payment method.

[Update Order](#)[Checkout to Complete Order](#)[Continue Shopping/Return to Menu](#)[Cancel Order](#)

eServices – CE Provider Overview

Order Information – Instructions

- ▶ Lists the eServices menu items you have selected. You have the ability to proceed with one of the following:
 - Remove an eServices item by checking the box associated with item description and clicking the '*Update Order*' button
 - Proceed with your request by clicking the '*Checkout to Complete Order*' button
 - Request other eServices items by clicking the '*Continue Shopping / Return to Main Menu*' button
 - Cancelling your request by clicking the '*Cancel Order*' button
- ▶ Upon clicking the '*Checkout to Complete Order*' button, you will be transferred to a **Transaction Details** screen which provides a reference tracking number (DOI Transaction ID)

eServices – CE Provider Overview

Checkout

You may enter either your credit card information OR your checking account information to process your order.

Total amount to be billed to your credit card: \$36.50

Shipping Information

Shipping Address:

P. O. Box 24339

Louisville, KY 402240339

Credit Card Information

Enter your billing information EXACTLY as it appears on your credit card and/or billing statement

Card Type:

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number:

Expiration Date:

 /

Name on Card:

Billing Zip/Postal Code:

Phone Number:(Number Only)

eServices – CE Provider Overview

----- OR -----

Debit Information

Enter your checking account information exactly as it appears on your check

Name on Account:

Pay to the Order of Dollars

Memo

⑆021001088⑆ 0011222 ⑆ 1234

Routing Number

This number is nine characters long and appears between the ⑆ symbols usually at the bottom left corner of your check.

Account Number

This number is 5-17 characters long and appears next to the ⑆ symbol at the bottom of your check and usually to the right of your bank routing number.

[Submit Order](#)

[Cancel Order](#)

eServices – CE Provider Overview

Checkout – Instructions

Credit Card Information

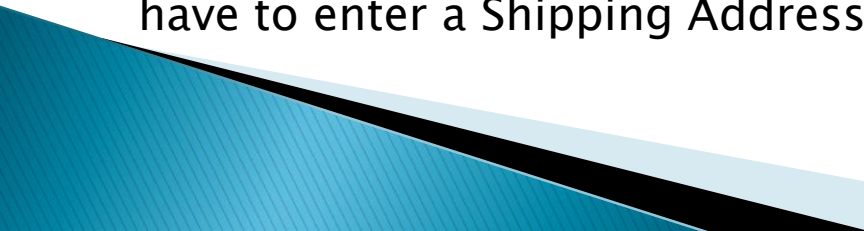
1. Select the type (Visa, MasterCard, Discover or American Express) via clicking the circle associated with the card, enter the card number, select the expiration date's month and year via of the drop down list, enter the Name, Billing Zip/Postal Code and Phone Number.

OR

Debit Information

1. Enter the Name on Account, Routing Number and Account Number

NOTE: If your transaction involved an item that required mailing, you would have to enter a Shipping Address prior to entering the payment details.



eServices – CE Provider Overview

Checkout – Instructions

2. Click the ‘Submit Order’ button, which transfers you to an **Transaction Details** screen. You also have the option to cancel your transaction via ‘Cancel Order’ button.

Transaction Details Screen – Provides you the details regarding your eServices transaction. It identifies the transaction’s status, the transaction date, the DOI Transaction ID and ePay Transaction ID (only applicable if payment was required). These IDs are utilized by our KY DOI IS Help Desk if any follow-up is necessary. If your transaction has an incomplete status then you would have to re-submit the order as a new transaction. You have the ability to print the invoice or to view the specific details of transaction item (when applicable). The screen on the next page provides a link so you would be able to view the course, course date & the individuals who received credit for this roster/course.

eServices – CE Provider Overview

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.

Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information		Shipping Information (if applicable)
DOI Transaction ID: 21964		
ePay Transaction ID:		
Transaction Date: 02/03/2006		
Qty	Description	Fee(s)
1	Continuing Education Attendance Roster	\$0.00
Total Charged:		\$0.00

[Print Continuing Education Attendance Roster](#)

[Print copy of invoice](#) | [Click here to return to the main menu](#)

eServices – CE Provider Overview

Transaction History

Provider Details				
Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date  [Display Transactions](#)

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
40954		01/30/2006	36.50	Incomplete

Click on the Transaction ID to view the details of the Transaction.

Displays a list of transactions submitted within the last 30 days. The 'Display Transactions' button allows you to view older transactions past the 30 current days current view. The list provides a link per transaction id for viewing purposes.

eServices – CE Provider Overview

Provider Information

Provider Details

Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

Kentucky Department of Insurance

Prometric Provider Number:	S12324	Provider Type:	Independent
Certification Date:	01/27/1997	Address:	PO Box 517 Frankfort, KY 40601
Contact:	D.J. Wasson	Telephone:	502-564-6029
Status:	Active	Termination Date:	N/A
View Instructors			

Continuing Education Course Information [[View Pre-License Course Information](#)]

If a status is **Pending** or **Pending Replacement** click on it for more details.

Active Course Information

Course Number	Exterior Course Number	Course Name			
254	C42846	20 Most Misunderstood Coverages			
Status	Credit Hours	Course Concentration	Instruction Method	Approval Dt.	Term. Dt.
Active	6	Property and Casualty	Classroom	03/24/2003	N/A

eServices – CE Provider Overview

Provider Information

This screen displays the Continuing Education Course Information as a default view; additional information is viewable via other link selections: View Instructors, View Pre-License Course Information, View Course Name (which also provides course attendance data), and Pending or Pending Replacement status (if applicable, once selected it displays as a pop-up window which can be closed by the X located in the right upper corner).

eServices – CE Provider Overview

Provider Information

Provider Details				
Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

Instructor Information

Kentucky Department of Insurance

Prometric Provider Number:	S12324	Provider Type:	Independent
Certification Date:	01/27/1997	Address:	PO Box 517 Frankfort, KY 40601
Contact:	D.J. Wasson	Telephone:	502-564-6029
Status:	Active	Termination Date:	N/A

If a status is **Pending** or **Pending Replacement** click on it for more details.

DOI ID	Name	LOA	Status	Status Date	Instructor Type
551510	Aigner, Carol W.	Casualty, Ethics, General Insurance Principles, Health, Life, Life and Health, Life, Health, Property & Casualty, Property, Property and Casualty	Active	01/16/2003	Continuing Education

eServices – CE Provider Overview

Instructor Information

This link displays the instructor information; additional information is viewable via other link selections: Pending or Pending Replacement status (if applicable, once clicked it displays as a pop-up window which can be closed by the X located in the right upper corner).

eServices – CE Provider Overview

Provider Information

Provider Details

Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

Kentucky Department of Insurance

Prometric Provider Number:	S12324	Provider Type:	Independent
Certification Date:	01/27/1997	Address:	PO Box 517 Frankfort, KY 40601
Contact:	D.J. Wasson	Telephone:	502-564-6029
Status:	Active	Termination Date:	N/A

Pre-License Course Information [[View Continuing Education Course Information](#)]

If a status is **Pending** or **Pending Replacement** click on it for more details.

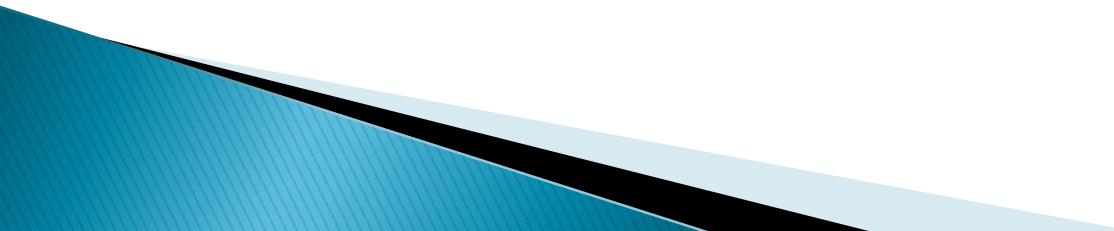
Active Course Information

Course Number	Exterior Course Number	Course Name			
290	C52893	Life & Health Pre Licensing			
Status	Credit Hours	Course Concentration	Instruction Method	Approval Dt.	Term. Dt.
Active	40	Life and Health	Classroom	02/25/2004	N/A

eServices – CE Provider Overview

Course Information

This link displays the pre-licensing course information; additional links (Instructor, Continuing Education Course Information, Course Name with attendance records, and Pending or Pending Replacement status (if applicable, displays as a pop-up window which can be closed by the X located in the right upper corner) are available for viewing purposes.



eServices – CE Provider Overview

Provider Information

Provider Details

Provider FEIN	Prometric Provider ID	Provider DOI ID	Provider Name	Provider ID
123456789	S12324	528285	Kentucky Department of Insurance	1000
User Last Name	User First Name	User Middle Name		
Donnell	Treva	W		

Course Attendance Information

Kentucky Department of Insurance

Prometric Provider Number:	S12324	Provider Type:	Independent
Certification Date:	01/27/1997	Address:	PO Box 517 Frankfort, KY 40601
Contact:	D.J. Wasson	Telephone:	502-564-6029
Status:	Active	Termination Date:	N/A

[View Instructors](#)

Course Attendees

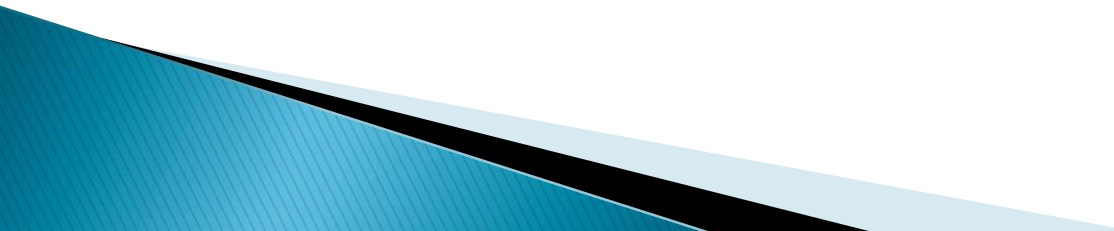
DOI ID	Name	Completion Date	Bienium
383313	Black, Sandy Q	04/10/2003	2002/2004
305945	Conley, Dana Neal	04/10/2003	2002/2004

eServices – CE Provider Overview

Course Name Information

This link displays the course and attendance information; the View Instructors link is also provided.

NOTE: Your provider data is available under the CE & Pre-licensing Providers, Courses and Failure to Comply with CE page. This is the last link located on the Agent Licensing Blue Graphic Bar which is on KY Department of Insurance's Web site.



eServices – CE Provider Overview

Web sites / e-mail addresses:

Site: <http://doi.ppr.ky.gov/kentucky/> or insurance.ky.gov

eServices Portal:

<https://insurance.ky.gov/kentucky/secured/Eservices/default.aspx>

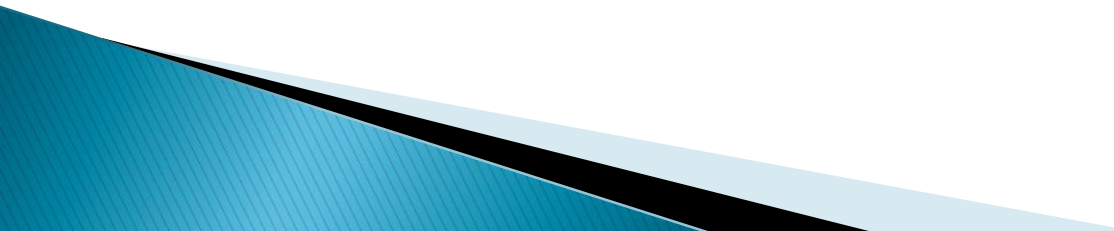
DOI IS Help Desk: DOI.ISHELPDESK@ky.gov

Agent Licensing Mailbox: DOI.AgentLicensingMail@ky.gov

Q & A:

What action do I need to take if I submitted something in error?

Send a message to the DOI IS Help Desk and identify the transaction id and what needs to be corrected. Also include your phone number in order to expedite this correction process.



PROMETRIC



Continuing Education Presentation

Laurie Sadowski
CE Services Manager

Continuing Education Services

The screenshot shows a web browser window displaying the Prometric Continuing Education Online portal. The page has a blue header with the Prometric logo and the text "Continuing Education Online". Below the header, a red banner reads "Formerly Expor Assessment". The main content area is titled "South Carolina Services Requiring Login Accounts". On the left, there is a sidebar with links: "Approved Course List", "Look Up Transcript Credits", "Roster Submission", "Producer/Agent Fee Payment", "Home", and "Email Feedback". Below these links is a "GeoTrust" logo and a timestamp "EXPIRE 29.11.08 17:28 UTC". The main content area is divided into two columns. The left column is titled "Existing Login Accounts" and contains a red warning: "For security reasons, you must change your password every 3 months." Below this is a login form with fields for "User Name:" and "Password:", and a "Login" button. The right column is titled "First Time User? Login Expired?" and contains a button labeled "Click to Set Up a New User Account". Below the login form, there is a section titled "Maintaining Existing Login Accounts" with three rows of buttons: "Change the password of my account" / "Change Password", "Display my account's password hint" / "Password Hint", and "Change the user name of my account" / "Change User Name". At the bottom of the page, there are links for "Legal Matters", "Terms of Use", "Copyright Use", and "Security Policy".

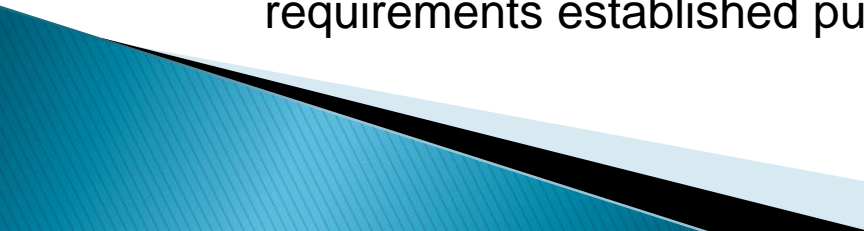
- Acknowledged Industry Leader
- Highly experienced CE team
- Over 70 years combined work experience
- Dedicated CE Call Center
- Provider and Licensee Publications
- Online Access
- Audit Services

CE Services Continued...

Provider Approvals

- Providers must submit a complete application for review which includes:

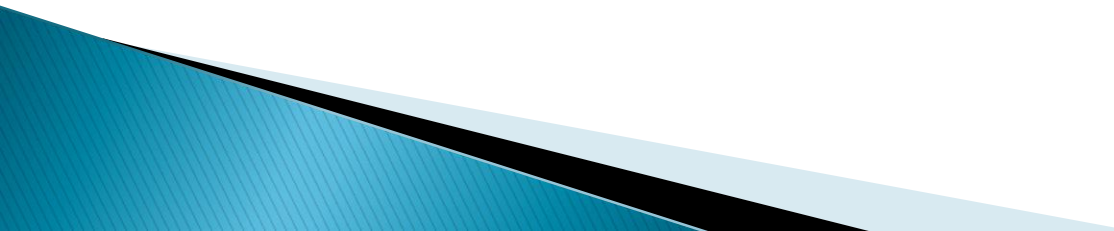
A description of the provider's organizational structure, registration policies, fee schedules, promotional material, student record systems, method used for evaluating instructors, and an original signature of the person/persons authorized to sign certifications.

- Prometric will review potential KY provider applications to ensure the provider agrees to abide by the rules set forth by the Department.
 - Has no history of violations.
 - Conduct courses in the manner prescribed and to abide by a list of requirements established pursuant to the Department.
- 

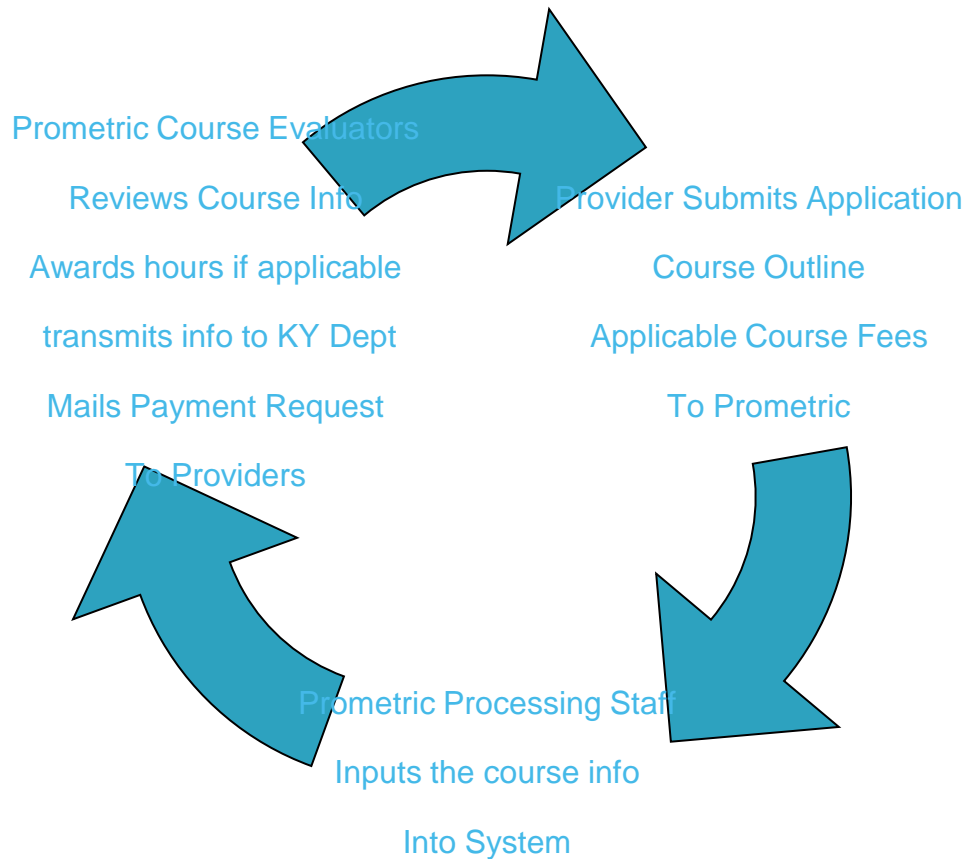
CE Services Continued...

Instructor Approvals

Prometric requires providers certify that their instructors have at least one of the following criteria:

- Is or has been engaged in the insurance industry or the practice of teaching insurance courses for the last three years.
 - Is a properly licensed insurance intermediary for the past five years and demonstrates that he/she is of good character and has the knowledge and breadth of experience in the applicable subject matter.
 - Holds any of the designations as identified by the Department.
- 

Course Approval Application Life Cycle



CE Services Continued...

Course Approvals

Classroom Courses

- Comprehensive Timed Course Outline
- Instructor name
- Initial course offering information
- Detailed description of course topics
- Bibliography if using published materials

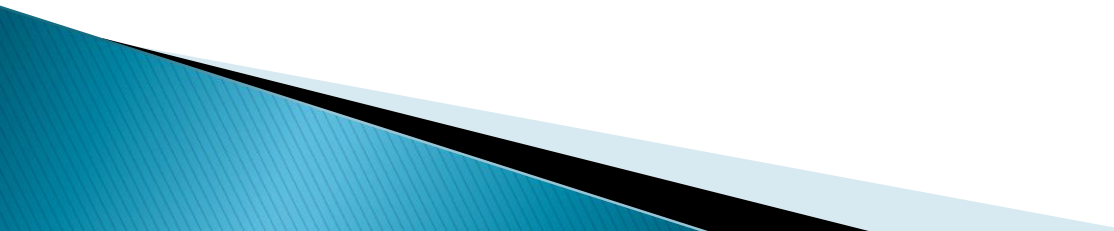
Self Study Courses

- Actual course materials
- Copy of final exam
- Affidavit/proctor information

CE Services Continued...

Course Approvals Continued.....


All Courses

- Must have a completed course application
 - Appropriate fees
 - Approvable CE topics as outlined by the Department
 - Provider's tuition and refund policy
 - Allow members of Prometric access to the course for auditing purposes
 - Provide accurate industry information
 - Provide high quality courses
- 

CE Services Continued...

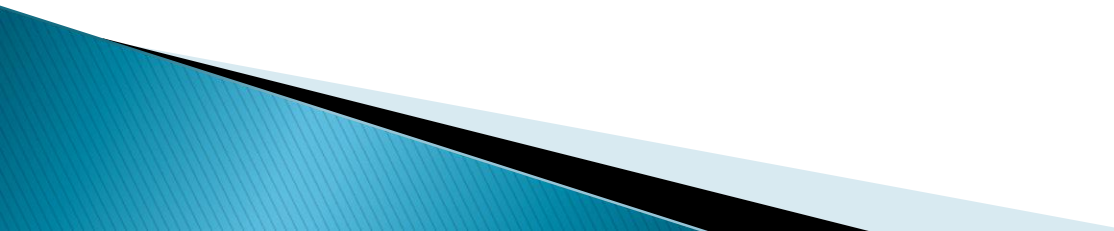
Auditing

Prometric's goal of field auditing is to assure meaningful insurance continuing education is being presented to Kentucky agents.

- Audits will be unannounced with a minimum of disruption to the class.
 - Areas of concern include administrative (attendance procedures, classroom logistics, classroom environment, control of students) and educational effectiveness (accuracy of instruction, instructor's knowledge, etc).
 - A sufficient portion of a class will be observed in order to make a fair and accurate judgment about the its compliance with program requirements.
- 

CE Services Continued...

Auditing Continued

- Auditors will not participate or intervene in the conduct of a class.
 - Written reports are provided to the provider and to the Department.
 - Where it is appropriate, Prometric will seek opportunities to re-audit a particular provider, course or instructor in order to verify the appropriate corrections have been made.
 - Prometric works with the Department to determine an acceptable percentage of courses – both classroom and self-study – to audit.
- 

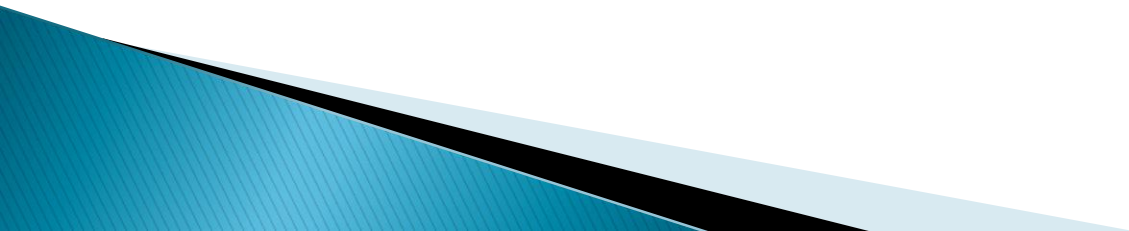
CE Services Continued...

Auditing Continued.....

No action will be taken against a provider or instructor without the specific approval of the regulatory body.

Where it is appropriate, Prometric will seek opportunities to re-audit a particular provider, course or instructor in order to verify that the provider has made the appropriate corrections.

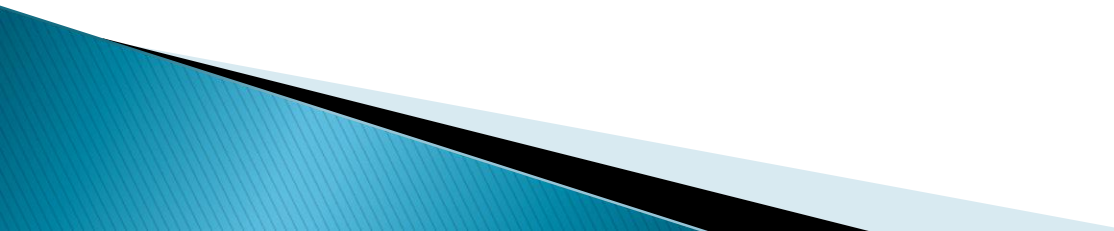
Recommendations by Prometric will be proportionate to the seriousness of the deficiency. There could be more than one recommendation made to cover a single situation.



CE Services Continued...


Auditing continued.....

Recommendations can include the following:

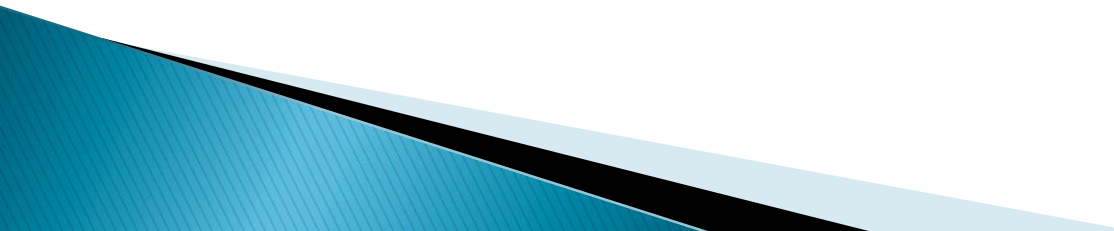
- Suspension of presentation of a course for a period of time.
 - Suspension of an instructor from teaching for a period of time.
 - Suspension of a provider from conducting any course for a period of time.
 - Withdrawal of the approval for an individual course.
 - Withdrawal of an instructor's approval/registration.
 - Withdrawal of a sponsor's approval/registration.
 - Permanent prohibition of an instructor from participating in any sponsor's course.
- 

CE Services Continued...


PROMETRIC CONTINUING EDUCATION FIELD AUDIT WORKSHEET

- Auditor Name
 - Audit state
 - Sponsor Number & Name
 - Course Number & Name
 - Instructor Name & Number
 - Date & Location
 - Arrival & Departure time
 - Class Start & End Time:
 - **Compliance Status**
- 

CE Services Continued...

- Did the Course start/end on time?
 - Was the class/instructor organized?
 - Was the instructor well-prepared and knowledgeable?
 - Did the instructor accurately convey class material?
 - Were relevant examples presented?
 - Was the instructor able to accurately answer students' questions?
 - Describe the instructor's teaching method.
- 

CE Services Continued...

- Were the students actively engaged in the class, if not describe why (ex reading magazines, newspapers, sleeping, cell phones)
 - Describe the physical environment.
 - Were attendance procedures followed, how many breaks taken, did students return in a timely fashion, how many students present?
 - Did the instructor verify attendance at the beginning and completion of the course, how were late arrivals handled?
 - Is the instructor approved to teach the course category?
 - Is this course approved for CE hours, if so how many?
- 

Q & A

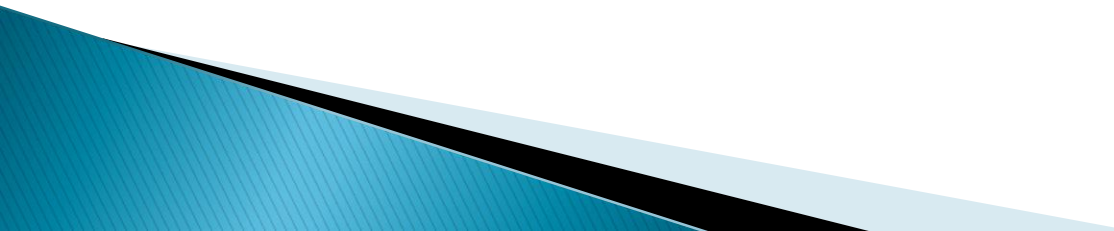
To access the Prometric Provider Information Packet for Continuing Education and Pre-Licensing Education, click here:
[PrometricProvInfoPackForCE070609.pdf](#)



Kentucky Department of Insurance Agent Licensing Division

**Lee Webb
Compliance Manager**

CE Filing Requirements

- Timely Filing CE Course and Instructor prior to conducting course
 - CE Roster and Compliance Certification
 - Retention Schedule
 - Retain Originals
 - Verify Course Numbers and Completion Dates
 - Information Required
 - DOI# and NPN#
 - Check Government-Issued ID
 - File Separate Roster for each course filed
- 

eServices Course Submissions

- Filing CE Attendance through eServices
 - Classroom or Self Study
- Email Notifications for Rejections
 - Reasons for Rejections – Follow-up
 - Individuals not subject to CE
 - Individuals License inactive greater than one year
 - Course is Pending or Inactive
 - Licensee can not repeat the same course within the same CE Compliance Period
 - Write-Back Letters for Additional Info
 - Incomplete or wrong Course Number
- Filing and Course Fee

To access the Continuing Education Important Issues Packet,
click here:

[CEIssuesPacket070809.pdf](#)



Kentucky Department of Insurance Health & Life Division

**Bill Nold
Director
Melea Rivera
Health Regulations Manager**

Long-Term Care Partnership Program

- LTC Partnership Act CE Course Outline
- Administrative Regulations?
- What are the Requirements?
 - (8) Hours of Initial Training
 - (4) Hours Biennial Training w/CE
- Compliance cycle.
- Q & A

To access the Long-Term Care Frequently Asked Questions document, click here:

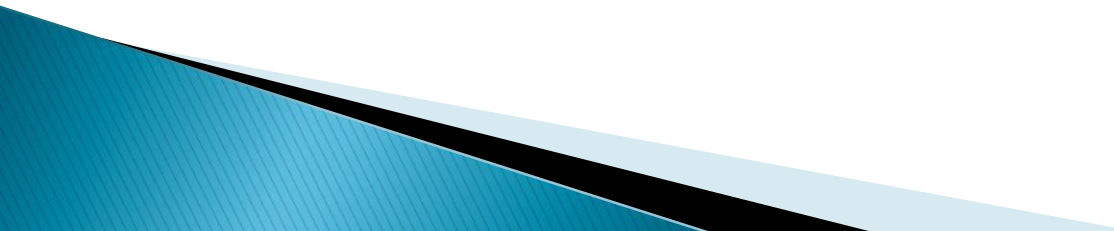
[LTC_FAQ062309.pdf](#)



Kentucky Office of Legal Services

**Leigh Powers
Legal Counsel**

CE Compliance

- CE Laws
 - Common Mistakes
 - Sign In 5 min rule
 - Attendance Requirements
 - Attestation of Attendance
 - Penalties
 - Questions
- 

Questions?

